

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY ✓

HONOLULU
ETHICS COMMISSION
RECEIVED

92.10.20

20 JAN 31 P5:31

2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

DeMello, Keith, A.

LOBBYIST FIRM/EMPLOYER (if applicable)

Uluono Initiative

TELEPHONE

(808)544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL kdemello@uluono.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Uluono Initiative

TELEPHONE

544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL info@uluono.com

(City) Honolulu

(State) HI

(Zip Code) 96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

[Signature]
LOBBYIST SIGNATURE

1/30/2020
DATE

Subscribed and sworn to before me

This 30th day of January, 2020.

By: [Signature] Lia Young
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

May 12, 2022

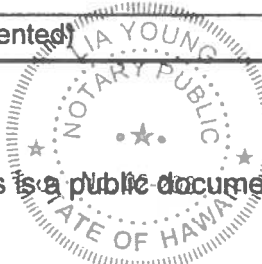
**PART V AUTHORIZATION TO LOBBY**

NAME Murray Clay		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President
NAME OF ORGANIZATION (if applicable) Ulupono Initiative		TELEPHONE 544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL mclay@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

[Signature] 1/30/2020
(Signature of Authorizing Officer or Person Represented)

Doc. Date: 1/30/2020 # Pages: 2
Lia Young
Doc. Description: 2020 Registration



[Signature] 1/31/2020
Notary Signature Date